

FILED

CANDIDATE COMMITTEE COVER PAGE

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COVER PAGE	SMALLA SABAUGH FOR OFFICIAL USE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	DI PHENE SHOPIGAN
the beastrer (or designated record keeper) and candidate."	3. This Statement covers From 26 08 To: 10 19 08
Committee I.D. Number	A O-Jist to the
137/27	4. Candidate Last Name First Name M.I.
2. Committee Name	KNOWLES MARK F
MARK KNOWLES	4a. Office Sought Including District # or Community Served (if applicable)
CIE 10/14/05 Milwares	SUPERVISOR HARRISON TUP
	4b. County of Residence Driver License # (Optional)
5. Committee's Mailing Address	
74716 COTTRELL	6. Treasurer's Name & Residential Address
HARRISON TWP MI 48045	SHAVE AS ADOVE THE
Area Code and Phone 313 9990911	District Annual Control
If the address in this box is different from the committee	Area Code & Phone ()
If the address in this box is different from the committee malling address on the Statement of Organization, mail may be sent to this address by the filing official.	Driver License # (Optional)
7. Treasurer's Business Address	
SAME AS Above	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
SAME AS MOULE	SAME AS ABOVE
Area Code and Phone ()	Area Code and Dhara (
	Area Code and Phone ()
	Driver License # (Optional)
9. TYPE OF STATEMENT	
\	
9a. Pre-Election OR 9b. 🗆 Pos	9c. Annual Statement (Coverage Year)
9a. Pre-Election OR 9b. \square Pos Pre-Election or Post-Election Statement relates to:	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c, or 9e to indicate which Statement is being amended)
9a. Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to:	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e Dissolution of Candidate Committee
9a. Pre-Election OR 9b. 🗆 Pos Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ Scho	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c, or 9e to indicate which Statement is being amended) 9e
9a. Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to:	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c, or 9e to indicate which Statement is being amended) 9e Dissolution of Candidate Committee pol Effective Date of Dissolution
9a. Pre-Election OR 9b. 🗆 Pos Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ Scho	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e Dissolution of Candidate Committee 20l Effective Date of Dissolution 10us Month Day Year
9a. Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary Convention Special Date of Election, Convention or Caucus	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e
9a. Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary Convention Special Date of Election, Convention or Caucus Month Day Year	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e
9a. Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary Convention Special Date of Election, Convention or Caucus Month Day Year	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e
9a. Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary Convention Special Date of Election, Convention or Caucus Month Day Year	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e
9a. Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary Convention Special Date of Election, Convention or Caucus Month Day Year	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e
Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary Convention Special Date of Election, Convention or Caucus Month Day Year A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e if any of the information listed in items 2, 4, 5, 6, 7, or 8 has charmendment to the Statement of Organization should accompand before the filing deadline of a required campaign statement	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e
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Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary Convention Special Date of Election, Convention or Caucus Month Day Year A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e if any of the information listed in items 2, 4, 5, 6, 7, or 8 has charmendment to the Statement of Organization should accompand before the filing deadline of a required campaign statement	9c. Annual Statement (
Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary Convention Special Date of Election, Convention or Caucus Month Day Year A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e if any of the information listed in items 2, 4, 5, 6, 7, or 8 has of amendment to the Statement of Organization should accompa before the filing deadline of a required campaign statement 10. Verification: I/We certify that all reasonable diligence was a myour knowledge and belief the contents are true, accurate and Current Treasurer or	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e
Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary Convention Special Date of Election, Convention or Caucus Month Day Year A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e if any of the information listed in items 2, 4, 5, 6, 7, or 8 has of amendment to the Statement of Organization should accompa before the filing deadline of a required campaign statement 10. Verification: I/We certify that all reasonable diligence was a myour knowledge and belief the contents are true, accurate and Current Treasurer or	St-Election 9c. Annual Statement (



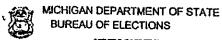
MICHIGAN DEPARTMENT OF STATE, Bureau of Elections

. Committee I.D. Number	137	12	7_	
^		1	011	7

2. Committee Name CTE MARK KNOW/ES

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This P e rlod	Column II
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1355 ²⁰</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) s <u>1355 eq</u>	(18.) \$ 1355
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(18.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(6.) \$ <u>/355 @</u>	(20.) \$ /355 99
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. in-Kind Expanditures (Schedule 1B-iK, Column 6)	(7.) \$ <u>Ø</u>	(22.) \$
EXPENDITURES		
8. Expenditures	~~~~~~	
a. Itemized (Şchedule 1B, Column 6)	(Ba.) \$ <u>5983.94</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(86.) \$	
c. Unitermized (less than \$50.01 each - no Schedule)	(8c.) \$	+00-01
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(8.) s <u>5983.94 </u>	(23.) \$ 5983.94
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10e.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) 8	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(A-T) / W
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 18 from line 15)	EALANCE STATEMENT (13.) $$5215.36$ (14.) $$555.00$ (15.) $$6570.36$ (16.) $$5983.99$ (17.) $$586.42$	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

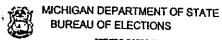
1. Committee I.D. Number

137127

2. Committee Name

ITE MARK Knowles

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	6. Amount	7. Cumulative for
Commune (FAC) Report an contributions regardless of amount.		Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9 ~ 26 - 08		date of receipt)
Harrison Tup Fire PAC	-	
101100 20178500		~ 90
Harrison Two MI 48045 5. If over \$100.00 cumulative, please provide:	∞	, 500
Occupation PAC Employer		r Memo Itemization
Business Address 39460 Jefferson, Harrison Top Mt 1	10011-	
Type of Contribution: Direct Loan from a person V Fund Raiser	10073	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-26-08 Name & Address		
Simmons, John F.		
37294 Jefferson	00.05 2	2000
Harrison Tup MI 48045		\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-26-08		
Name & Address: Swiatkowski John	•	
29540 Old N. River Rd.	CO-05 2	7/00
Harrison Top MI 48045		\$
5. If over \$100.00 cumulative, please provide:	Click Here for I	Memo Itemization
Occupation Employer	•	
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-26-68 Name & Address		
Broto, David		
39020 Parkham Circle	$\infty.25$,	2500
Harrison Tup MI 48045	¥	\$
5. If over \$100.00 cumulative, please provide:	Click Here for N	Memo Itemization
Occupation Employer		·
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Page Subtotal	56500	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	
Pone 1 of	line 3a of Summary	

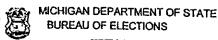


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137127
2. Committee Name CTE MARK KNOWLES

Enter contributor's name and address. If any time to the state of the		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9-26-08	1	T vale of receipt)
Knowles, Dolores		
Eastpointe MI 48045	s 10000	: 10000
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here for	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-26-08 Name & Address		
Tas, Steven		. 33
30338 33 Mile Rd.	∞ .08 $_{z}$	£ 80°°
721chmond, MI 5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here fo	r Memo Itemization
Business Address /		
		,
Name & Address:		
Petersmark, Edward 560 Sedgefield Dr.		600
DGO Sedgetield Dr.	\$ 20.00	\$ 50
Bloomfield Hills MI 48304 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address/		
Type of Contribution: Direct Loan from a person V Fund Ralser		
R. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9 - 26-08		
Lori Dennis, Lori		
27015 Balland	25.00	25 ^{co}
Harrison Tup WI 48045 5. If over \$100.00 cumulative, please provide:	3 40 100	\$
Occupation Employer	Click Here for I	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Page Subtotal	25500	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	
^p ageof	line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 137 127

CTE MARK KNOWLES CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount middle initial. Check box to indicate if contribution is from a Political Committee or an Independent 7. Cumulative for Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: HISGS W \$ 50·00 Click Here for Memo Itemization Occupation ___ Employer_ Business Address _ Type of Contribution: Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? 4. Date of Receipt Q-26-08 Name & Address English, Frank 21911 Marter St. Clair Shores MI 48080 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _ Employer_ Business Address _ Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9 - 26 - 08 Name & Address: Ulinski, James 39295 Rivercrest *∞.2*5 a Harrison Tup MI 48045 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer_ Business Address Type of Contribution: Loan from a person **Fund Raiser** 3. Contribution # 4 PAC Receipt? 4. Date of Receipt Q_26-08 Name & Address Senstock, James 31689 San Juan Harrison Two MI 48045 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Employer __

Loan from a person

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on

Fund Raiser

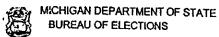
Enter this total on line 3a of Summary Page.

Page _____ of ____

Occupation_

Business Address _____
Type of Contribution:

Direct



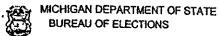
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

. Committee I.D. Number 137127

2. Committee Name OTE MARK KNOWLES

		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 35\$ \ 00	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-26-08 Name & Address: Urbin, Anna 21310 Trwin Armada, MT 48005 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 30.00 Click Here fo	\$30 20 or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	ويجفون ومسرة فلنجيم بمشاهمين	
Andress Name & Address Mueller, Mark 199350 Jefferson St. Clair Shores Mt. 48081 St. If over \$100.00 cumulative, please provide: Occupation Insurer Employees Furguer Business Address Business Address Business Address PAC Receipt? YES 4. Date of Receipt 9-26-08 4. Date of Receipt 9-26-08 4. Date of Receipt 9-26-08	\$ 250.00 Click Here for	\$ 250 000 Memo Itemization
A. Contribution #3 PAC Receipt? YES 4. Date of Receipt Q-26-08 Eineman, Matt 39745 Chart Harrison Tuf MI 48045 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 50.00 Click Here for	\$ 50 000 Memo Itemization
Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-26-08 Jame & Address Rice, Michael H. 31789 N. River Road Harrison Tup MI 48045 5. If over \$100.00 cumulative, please provide: Occupation	§ 25.∞ Click Here for I	\$ 2500 Memo Itemization
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Pageof	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Enter contributor's nam middle initial. Check be Committee (PAC) Repo	ix to indicate if con	tribution is from a Politic	dividua al Com	, enter last name, first name, nittee or an independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 Name & Address: Beffet, Ke 24771 Coff Harrison 5. If over \$100.00 cume	lative, please pro	48845	of Rec	eipt 9-26-08	\$ 55,000 Click Here fo	or Memo Itemization
		Employer	····			Memo Remization
Business Address Type of Contribution:	Direct	Loan from a persor	, [v	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date			\$	\$
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here for	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct [Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date	of Rece	ipt	\$	\$
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here for	Memo Itemization
Occupation		Employer	,			
Business Address Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Reco	ipt	<u> </u>	**************************************
5. If over \$100.00 cumu	lative, please prov	vide:				
Occupation		Employer			Click Here for I	Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
		\$		Page Subtotal and Total of All Schedules 1A lete on last page of Schedule)	5500 135500 Enter this total on	

Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 13712

2. Committee Name __CTE MARK Know/ES

CANDIDATE COMMITTEE 2.0	committee Name	77000	
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS Address 34895 GROSSECK CLINTON TWP MI 48035 X Fund Relear	Purpose: FLYERS/LETTERS Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement	9/15/08	1413~
Expenditure #2 Name GINO'S SURF Address 37400 E. JEFFERSON FLARRISON TWP MILEOUS Fund Raiser	Purpose: RENTAL Expenditure Gode RE Check box if this expenditure is payment of debt or obligation reported on previous statement.	9/22/8	1500°
Name CANDG NEWSPAPORS Address 13650 E Il MILE, WARREN 48089 MI	Purpose: 14 PAGE AD Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement	9/22/	4189
Expenditure #4 Name JAMES CLOYD Address DETROIT Mi Fund Raiser	Purpose: ENTRIZIAINMENT Expenditure Code ET Check box if this expenditure is payment of debt or obligation reported on previous statement	9/ 124, 64	628.7
Name GREG QUINN Address 37400 JEFFERSON HARRISON TWP Mi 48045 Fund Raiser	Purpose: EQUIPMENT (LIGHTING) Expenditure Code EQ Check box if this expenditure is payment of debt or obligation reported on previous statement	1/26	50°°
	Subtotal this	8000	4009

Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule) 4009.20

Enter this total on line 8s of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-15



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 137127

2. Committee Name CTE WARK KNOWLES

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you	5. Date	6. Amount
Expenditure #1	may assign an Expenditure Code)		
Name PAUL FILLMORE	Purpose: MAGIC SHOW	9,	16000
Address HARRISON TWP 48045	Expenditure Code <u>ET</u>	9/26	1000
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	(08)	
Expenditure #2	<u></u>		
Name RUBSELL LOIACONG	Purpose: ENTERTAINMENT	9	500
Address STCLAM SHORES MI	Expenditure Code	26	
Fund Relser	Check box if this expenditure is payment of debt or obligation reported on previous statement	/ජ8/	ı
Expenditure #3			
Name C.T.E. DAVID BRATTO	Purpose: DONATION	101	10-00
Address 39020 PARKWAY CIRCLE HARRISON TWO MI 48040	Expenditure Code	7	100=
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	,	
Expenditure #4	Certain P. A. T.		
Name A-MERICAN (SRAPHICS	PUIDOR'S EVENT	وتالكطيف	040
Name AMERICAN GRAPHICS Address 34895 GROSBECK CUNTON TWO MI	Expenditure Code PA		879
Chien who will	☐ Check box if this expenditure is payment	101.	
☐ Fund Raiser	of debt or obligation reported on previous statement	16	
Expenditure #5	SENIORS EVENT	102	
NAME TERRY'S SUBMARINES	F.Gibose:	10]	7050
NAME TERRY'S SUBMARINES Address 15 mile Rd OINTON TOP MI	Expenditure Code EE	18	17
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		3278	130P

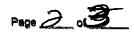
Subtotal this page 2 4 Grand Total of all Schedules 1B (Complete on last page of Schedule)

\$4347.19

133978 11360

Enter this total on line 8s of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES





SCHEDULE 1B

1. Committee I. D. Number 137/27

2. Committee Name CTE MARK KNOW (55)

3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Name MARK KNOWES Address Z4716 COPPRELL HARREON THOM M; 48045 Fund Release	Purpose ENIOR'S EVENT Expenditure Code LO Check box if this expenditure is payment of debt or obligation reported on previous statement	19/10	86.76
Name HARRISON TWP Address PARKS AND RELREATION HARRISON TWP M'S UNTO MERCENTION	Purpose: ENIOR ACTIVITIES Expenditure Gode CC Check box if this expenditure is payment of debt or obligation reported on previous statement	19/14	10000
Name CREG Address RIVERSIDE DR HARRISONTWP48045 D Fund Raiser	Purpose LEAFCETS Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement	10/	50°°
Name CANDG NEWSPAPERS Address 13650 E 11 MILE Pund Raiser	Purpose: YELTISMENT Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16	14000
Expenditure #5 Name Address Fund Raiser	Purpose: Expenditure Code Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule) 763676 5983.94

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page 3 of 3

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 137127

2. Committee Name CTE NARK KNOW/ES

	- USE A SEPARATE SH	IEET FOR EACH EVENT	-
Date Event Was Held 26 8 onth Day Year	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity DINNER MUSIC	6. Address and Name (If any) of the place where the activity was held GIND'S SURF 37400 E JEFFERSON TWP 4900 Private Residence
Total Contributions of \$20.00 Total Contributions of \$20.00 SUBTOTAL (Add lines 7 and Other Receipts Gross Receipts (Add lines 9 Total Cost of Event*	1 or more (13) # 135 (135 (135 (135 (135 (135 (135 (135	200 *In: Ex	cludes In-Kind Contributions and A penditures Made For the Event
Co-Sponsor(s)	Contribution (%)		Expenditure Split (%)
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		•••••••	

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Authority granted under P.A. 388 of 1976